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Please type a plus sign (+) inside this box	ired to re			d Tra	demark Office, U.S. DEI	PTO/SB/05 (1: 10/31/2002 OMB 0651- PARTMENT OF COMME as a valid OMB control nur	0032 RCE	
	Attorney Docket No.			H2	100.0001/P001		<u>-</u>	喜.
UTILITY	First Inventor Gregg				Vilkinson		_i_5	
PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1 53(b))				TUS FOR AND METHOD OFASSESSING, RING, AND REPORTING ON BEHAVIORA ERS			C971 U.	03/15
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UTILITY	FIISUII	Wellor Gregg Wilkinson						
PATENT APPLICATION	1	APPARATUS FOR AND METHOD OF ASSESSING.						
TRANSMITTAL	Title	MONITORING, AND REPORTING ON BEHAVIORAL HEALTH :						
(Only for new nonprovisional applications under 37 CFR 1 53(b))	1	DISORDERS						
	Expre	s Mail Label No.						
APPLICATION ELEMENTS		Box Patent Application						
See MPEP chapter 600 concerning utility patent application co	ntents.	ADDRESS TO: Commissioner for Patents Washington, DC 20231						
1 Fee Transmittal Form (e.g., PTO/SB/17)		<ul> <li>CD-ROM or CD-R in duplicate, large table or</li> </ul>						
Applicant claims small entity status		Computer Program (Appendix)   Nucleotide and/or Amino Acid Sequence Submission						
See 37 CFR 1 27	<u>.</u>	(if applicable, all necessary)						
Specification [Total Pages 42]     (preferred arrangement set forth below)	2	a Computer Readable Form (CRF)						
Descriptive title of the invention     Cross Reference to Related Applications		b. Specification Sequence Listing on:						
Statement Regarding Fed sponsored R & D     Reference to sequence listing, a table,		i. CD-ROM or CD-R (2 copies); or ii. paper						
reterrice to sequence listing, a table, or a computer program listing appendix     Background of the Inventor		c. Statements verifying identity of above copies						
- Brief Summary of the Invention		ACCOMPANYING APPLICATIONS PARTS						
<ul> <li>Brief Description of the Drawings (if filed)</li> <li>Detailed Description</li> </ul>		Assignment Papers (cover sheet & document(s))						
- Claim(s) - Abstract of the Disclosure		10. 37 CFR 3.73(b) Statement Power of Attorney						
4. X Drawing(s) (35 U.S.C. 113) [Total Sheets	7 ]	11. English Translation Document (if applicable)						
5. Oath or Declaration [Total Pages	3 1	2. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations						
a X Newly executed (original or copy)		Statement (IDS)/P1 0-1449						
b Copy from a prior application (37 CFR 1 63(d))		14. X Return Receipt Postcard (MPEP 503)						
[for continuation/divisional with Box 18 completed]		(Should be specifically itemized)  Certified Copy of Priority Document(s)						
Signed statement attached deleting inventor(s) named in the pnor application,		Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i)						
see 37 CFR 1 63(d)(2) and 1.33(b).		Applicant must attach form PTO/SB/35 or its equivalent						
		17 Other:						
Application Data Sheet, See 37 CFR 1 76								
<ol> <li>If a CONTINUING APPLICATION, check appropriate box, and Data Sheet under 37 CFR 1.76.</li> </ol>	supply the	a requisite information below and in a preliminary amendment, or in an Application						
	nin-nart (	CIP) of prior application No .						
	pare (							
Prior application information: Examiner  For CONTINUATION or DIVISIONAL APPS only: The entire	disclosur	Group / Art Unit: re of the prior application, from which an oath or declaration is supplied						
under Box 5b, is considered part of the disclosure of the accor-	npanying	continuation or divisional application and is hereby incorporated by s been inadvertently omitted from the submitted application parts.						
		ONDENCE ADDRESS						
Customer Number or Bar Code Label		or X Correspondence address below						
DICKSTEIN SHAPIRO MORIN	10.00	HINEKVIID						
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City Washington Sta	ate	DC Zip Code 20037-1526						
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Name (Print/Type) Eric Qliver		Registration No. (Attorney/Agent) 35,307						
3 .	(),	Date March 15, 2001						
Signature Date March 15, 2001								

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FEE TRANSMITTAL		Complete if Known Application Number Not Yet Assigned						
		Filing Date		March 15, 2001				
for FY 2001		First Named Inventor			tor	Gregg Wilkinson		
Patent fees are subject to annual revision.		Examiner Name				Not Yet Assigned		
		Group Art Unit				N/A		
TOTAL AMOUNT OF PAYMENT (\$) 355.00		Attorn	ey Do	ket No		H2100.	0001/P001	
METHOD OF PAYMENT	T			FEE (	CALCUL	ATION (c	ontinued)	
The Commissioner is hereby authorized to charge	3. Д	DDITIC	NAI I					
indicated fees and credit any overpayments to:		Entity		II Entity				
Account 04-1073		Fee	Fee	Fee		F D	escription	Fee
Number Dicketein Checker Marin		(\$)	Code	(\$)		reeD	escription	Paid
Deposit Account Name Oshinsky LLP	105	130	205	65			ng fee or oath	
		50	227	25	Surchar cover sh	ge – late pr reet.	ovisional filing fee or	
X Charge Any Additional Fee Required Under Applicant claims small entity status. See	139	130	139	130		lish specifi	cation	
37 CFR 1.16 and 1 17 37 CFR 1.27	147	2,520	147	2,520			r ex parte reexamination	
2. X Payment Enclosed	112	920*	112	920*		ing publicat	ion of SIR prior to	
X Check Credit Card Money Order Other	113	1,840*	113	1,840*	Examine	r action	ion of SIR after	
FEE CALCULATION	115	110	215	55	Extension	n for reply v	within first month	
1. BASIC FILING FEE Large Entity Small Entity	116	390	216	195			vithin second month	
Fee Fee Fee	117	890	217	445	Extensio	n for reply v	vithin third month	
Code (\$) Code (\$) Fee Description Fee Paid	118	1,390	218	695	Extensio	n for reply v	vithin fourth month	
101 710 201 355 Utility filing fee 355 00	128	1,890	228	945	Extensio	n for reply v	within fifth month	
Too Dought hang lee	119	310	219	155	Notice of	Appeal		
107 490 207 245 Plant filing fee 108 710 208 355 Reissue filing fee	120	310	220	155		brief in support of an appeal		
114 150 214 75 Provisional filing fee	121	270	221	135		for oral hea		
Townson Langue	138	1,510	138	1,510 55			public use proceeding	
SUBTOTAL (1) (\$) 355.00	141	1,240	241	620		o revive – u o revive - ur		
2. EXTRA CLAIM FEES Extra Fee from Claims below Fee Paid	142	1,240	242	620		ue fee (or re		
Total Claims 15 -20** = 0 x =	143	440	243	220			iissue)	
Independent 2 -3** = 0 x =	144	600	243	300	Design is			
Multiple Dependent	122	130	122		Plant issu			
	123	50	122	130		to the Comi		
Large Entity Small Entity	128	180	123	50 180			r 37 CFR 1 17(q)	
Fee Fee Fee Code (\$) Fee Description	581	40	581	40			ation Disclosure Stmt nt assignment per	
Code (\$) Code (\$) Fee Description  103 18 203 9 Claims in excess of 20	001	40	001	40	property (	times numb	er of properties)	
102 80 202 40 Independent claims in excess of 3	146	710	246	355	(37 CFR	ubmission a 1,129(a))	fter final rejection	
104 270 204 135 Multiple dependent claim, if not paid	149	710	249	355	For each:	additional ir	vention to be	
109 80 209 40 ** Reissue independent claims	179	710	279	355		(37CFR 1, or Continue	d Examination (RCE)	
over original patent	169	900	169	900	Request f	or expedited	dexamination	
110 18 210 9 ** Reissue claims in excess of 20 and over original patent		of a design application Other fee (specify)						
SUBTOTAL (2) (S)		e (specif ed by Ba:		Foo C		CUDTO	L (a) (a)	
**or number previously paid, if greater; For Reissues, see above	A WOULD	~ by Ba	ero multip	, ree Pa	NO.	SUBTOT	AL (3) (\$)	
SUBMITTED BY		=	_	_		Complete -	(if applicable)	
Name (print/type) Eric Oliver	Registra (Attorney	tion No (Agent)	35,3	07		Telephone	(202) 861-9185	
Signature	-					Date	March 15, 2001	